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Is it still a genuine occupational requirement to have a female only mammographic workforce in breast screening?

Introduction:

The demand for an expanded mammography workforce is pressing, but formidable challenges hinder the recruitment, training, and retention of professionals in this field ⁽¹⁾. At present, recruitment primarily targets cis-gender females, with an emphasis on promoting a 'sisterhood' ethos. Notably, in 2017, Motion 64 at the Society of Radiographers' trade union congress called upon the UK government to permit male radiographers to conduct breast screening examinations ⁽²⁾. Yet, there appears to be no publicly available outcome to this motion to date.

Due to the lack of research in the UK into the potential impact if male mammographers were employed in the breast screening services, research from countries delivering breast imaging have been included in this discussion and to gain an international perspective.

Evidence Base:

One study that introduced male mammographers into breast screening reported that 27% of women would decline attendance if a male was involved ⁽³⁾. In face-to-face interviews, the presence of a female chaperone provided reassurance to some, while others claimed it would not affect their decision. However, it is vital to scrutinize the sample size: this study surveyed only 1,000 participants and conducted 24 interviews,

representing a mere 0.00471% of the screened (yet ineligible) population of 2.12 million women in 2019-2020 ⁽⁴⁾. In contrast, a study in Australia comprising 146 questionnaires found that over 90% of women would proceed with imaging if the radiographer was male, and most felt equally comfortable with either gender ⁽⁵⁾. However, this study also had a small sample size, prompting the call for further research. A subsequent review in Australia in 2019 echoed these findings and identified challenges, including client choice in the gender of the radiographer and the use of chaperones ⁽⁶⁾. In Malta, male radiographers perform mammography, albeit primarily in the private sector. An unpublished study involving 204 women revealed that 32.7% would initially feel embarrassed, while 37.7% would have preferred a female but would still undergo the mammogram. Interestingly, age and education level played a role in preferences, but there was no significant difference in perception between first-time attendees and those previously screened. A noteworthy 28.4% indicated they would not attend future breast screening conducted by male radiographers, while 31.4% felt that a male radiographer would not deter their attendance ⁽⁷⁾.

It is critical to acknowledge that current research predominantly centres on the preferences of cis-gender clients, often neglecting the opinions of gender non-conforming LGBTQ women. Recent census data on gender identity in England and Wales underscores the diversity of breast screening clients ⁽⁸⁾. Transgender men and non-binary individuals assigned female at birth, registered as female with a General Practitioner (GP), are invited for breast screening. In contrast, those registered as male with a GP are not routinely invited but can request screening ⁽⁹⁾. Several studies from 2016, 2019, and 2021 highlight the barriers faced by gender diverse and non-conforming clients, including discrimination and reluctance to engage with screening, despite their elevated risk due to modifiable risk factors ^(10, 11, 12, 13,14).

Current NHSBSP practices stipulate that clients must be screened by female mammographers, but they may encounter practitioners of any gender for subsequent examinations or treatment. Male radiographers are not precluded from imaging patients within an assessment or symptomatic clinic or when employed by an independent or private provider, emphasizing the inequity. Independent providers who are currently responsible for the delivery of the NHSBSP contract are obliged to adhere to the NHSBSP regulations and are therefore not able to employ male mammographers in a screening setting. The situation appears contradictory when compared to the General Medical Council's stance that all patients, irrespective of gender, should be offered a choice or chaperone for intimate examinations ⁽¹⁵⁾. Additionally, the Society of Radiographers underscores that radiographers and sonographers perform obstetric, gynaecological, and urological examinations regardless of gender, rendering the exclusion of male radiographers from breast screening units nonsensical ⁽²⁾. However, current legislation, specifically Part 1 of

Schedule 9 of the Equality Act 2010, allows employers to exclude certain protected characteristics (in this case, gender and gender reassignment) based on occupational requirements, permitting the restriction of mammography roles to females only. Furthermore, the Act sanctions the dismissal of existing employees if they no longer meet these requirements, such as a female transitioning to male ⁽¹⁶⁾. Thus, while transgender men and non-binary individuals are encouraged to participate in screening ⁽⁹⁾, they are effectively barred from working in breast screening roles based solely on their gender identification.

Workforce Development:

The workforce imbalance also extends to the education of undergraduate radiographers in the UK, where many clinical mammography placements do not accommodate male students, leading to the exclusion of all students from gaining experience in mammography and influencing their career choices post-graduation ^(17, 18). Remarkably, Malta provides a contrasting example, as all students, regardless of gender, attend mammography placements.

Conclusion:

In conclusion, this discussion raises important questions:

1. How representative is our mammography workforce in the face of evolving demographics and gender diversity?
2. Is maintaining a female-only mammographic workforce still a genuine occupational requirement in light of evolving societal norms and the call for equitable healthcare practices?

Addressing these questions is crucial to achieving a more inclusive, equitable, and responsive breast screening service in the United Kingdom. It is incumbent upon policymakers, healthcare institutions, and educational bodies to align their practices with evolving societal norms and the principles of social justice, equity, and inclusivity, as emphasized in various policy documents and plans ^(19, 20, 21). Moreover, recognizing the positive impact of a diverse healthcare workforce on patient satisfaction underscores the importance of these changes ⁽²²⁾. It is also vital to address the ongoing exclusion of transgender men and non-binary individuals from breast screening roles

and to explore ways to ensure that all individuals, regardless of gender identity, have equal opportunities in this field ^(23, 24).

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